

WISCONSIN EPI EXPRESS

May 1, 2001

[Wisconsin Department of Health & Family Services](#)
Division of Public Health
Bureau of Communicable Diseases

"Surveillance provides information for action." [World Health Organization](#)

The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Herb Bostrom: bostrhh@dhfs.state.wi.us

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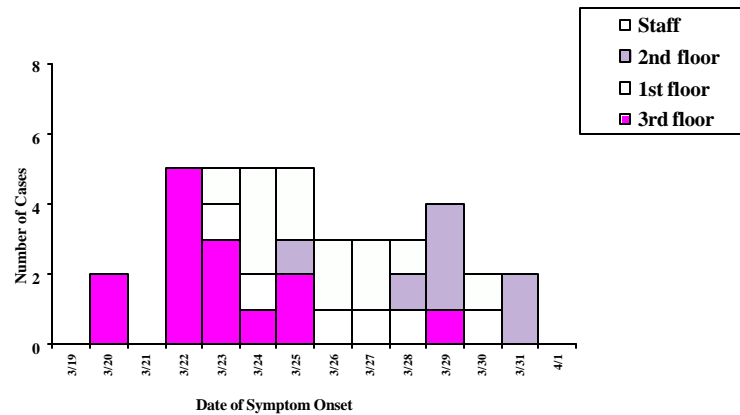
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1. Calicivirus Outbreak in a Community-Based Residential Facility (CBRF)

During March, 2001, the Communicable Disease Epidemiology Section (CDES) assisted staff at a 48 bed CBRF investigate and control a calicivirus outbreak. Forty case-patients including 27 residents [11/12 (92%) on floor three, 9/16 (56%) on floor one and 6/16 (38%) on floor two] and 13 staff developed signs and symptoms that were consistent with calicivirus infection. Reported signs and symptoms included 92% diarrhea (34/37), 43% vomiting (16/37), 38% headache (14/37), 16% abdominal cramps (6/37), and 11% fever (4/37). Clinical virology, bacteriology and parasitology testing of specimens was performed at the Wisconsin State Laboratory of Hygiene. Five of seven residents who were tested were positive for calicivirus infection and were negative for bacterial pathogens and ova and parasites.

The outbreak first began on the 3rd floor of the facility on March 20 with further spread on that floor suggestive of person-to-person transmission. Staff illness was first noted on March 23. Review of staffing patterns indicated that the first staff who became ill had worked on the 3rd floor within 24-48 hours before they became ill and while there were ill residents on the 3rd floor. Illness began among residents on the 1st and 2nd on March 24 and 26, respectively. Since 3rd floor residents did not eat meals in the facility dining room, illness on these floors was likely introduced on the hands of infectious staff or via fomites shared between all three floors.

Figure 1. Date of Onset of Signs and Symptoms,
CBRF Calicivirus Outbreak, by Floor
Wisconsin, March 2001 (n=40)



Calicivirus infection is usually a self-limited mild to moderate illness that often occurs in outbreaks with clinical symptoms of nausea, vomiting, diarrhea, abdominal pain, myalgia, headache, malaise, low grade fever, or a combination of these symptoms. Gastrointestinal symptoms generally last 24-48 hours. Humans are the only known reservoir for this infection and is usually spread by the fecal-oral route, although contact or airborne transmission from fomites has been suggested to explain rapid spread in institutional settings. The incubation period for this infection is usually 24-48 hours and individuals are infectious during the acute stage of their illness and up to 48 hours after diarrhea stops. Staff should never work in institutional settings when they are experiencing gastrointestinal illness. Because people with calicivirus infection can continue to shed virus in their stool after diarrhea has ceased, when returning to work individuals should practice scrupulous handwashing to prevent further spread to residents and other staff. As was witnessed in this outbreak, once introduced, calicivirus can spread rapidly to both other residents and staff

2. Possible Shortage of Tubersol

The rights to Tubersol, a purified protein derivative (PPD) product for TB skin testing, have been sold. This product has been sold to Avantis by Connaught. Avantis has placed a 150-vial monthly order limit per customer for 10-dose vials.

Many local health departments purchase PPD through Bindley Western (the Minnesota Multistate contract awardee). The Pennsylvania TB Program reports that Bindley Western, as a customer of Avantis, is subject to the 150-vial monthly limit. As suppliers of PPD to health departments all over the country, you can imagine that Bindley Western may have a supply problem. The TB Program recently received it's first report of a pharmacy with PPD "on back-order."

The Wisconsin TB Program will work through appropriate national channels to help resolve this situation and keep you informed of the progress. Please notify Tanya Oemig at the TB Program (608/261-6319 or oemigtv@dhfs.state.wi.us) if you experience difficulties obtaining PPD."

3. Important Internet-Based Information Resources on Hepatitis C

Centers for Disease Control and Prevention (CDC)

The CDC has valuable information resources on hepatitis C located at its Internet website at <http://www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm>. Resources include a fact sheet, frequently asked questions, Public Health Service recommendations, and a web-based training program on hepatitis C for health professionals. A hepatitis resource center at http://www.cdc.gov/ncidod/diseases/hepatitis/resource/index_new.htm features a variety of hepatitis information materials for consumers and professionals, including downloadable brochures and camera-ready materials a commercial printer can use for professional reproduction. The resource center also includes other print materials on hepatitis A, B, D, and E as well as copies of downloadable posters and slide sets.

National Digestive Diseases Information Clearinghouse (NDDIC)

The NDDIC maintains a valuable site for information on hepatitis C treatment at <http://www.nidk.nih.gov/health/digest/pubs/chrnhepc/chrnhepc.htm>. The site describes persons for whom treatment is and is not recommended, side effects of treatment, an algorithm for treatment and medical measures that should be taken before starting, during and after treatment.

4. Safer Needles: Are They "Infectious Waste"?

Now that Federal law requires the use of safer devices for administering medications, you may be wondering, are the safer needles "infectious waste" or not? It depends on the device. If the device has a needle which retracts or is sheathed, it IS infectious waste under Wisconsin's rules (ch. NR 526). Remember, "once a needle, always a needle." If the device has NO needle and it contains no drippable amounts of blood or body fluids, it is NOT infectious waste and may be discarded as solid waste, or, if possible, recycled.

From: *The Medical Waste Reporter*, January 2001, Wisconsin Department of Natural Resources.

5. "AIDS in the Heartland" Midwest Regional HIV/AIDS Conference

The Wisconsin AIDS/HIV Program has been actively involved in planning for the "AIDS in the Heartland" Midwest Regional HIV/AIDS Conference hosted by the Chicago Department of Public Health and the Illinois Department of Public Health. Several federal agencies and national associations are major sponsors of this conference which provides the Midwest states an opportunity to develop skills to meet the unique social, geographic and political challenges faced by people addressing the HIV/AIDS epidemic in the Heartland states (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Oklahoma, and Wisconsin). The conference will take place at the Holiday Inn Chicago City Centre from May 30 – June 1, 2000. For further information, visit the conference website at <http://www.aidsintheheartland.org> or call 773-539-6060.

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